



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ELKHART GENERAL HOSPITAL

City of Hospital: Elkhart

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Souk Luck

Email Address: sluck@beaconhealthsystem.org

Medicare Provider Number: 150018

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$453782000
Outpatient Patient Service Revenue	\$468007000
Total Gross Patient Service Revenue	\$921789000

2. Deductions From Revenue

Contractual Allowance	\$591658000
Other Deductions	\$13259000
Total Deductions	\$604917000

3. Total Operating Revenue

Net Patient Service Revenue	\$31687200
Other Operating Revenue	\$9509000
Total Operating Revenue	\$41196200

4. Operating Expenses

Salaries and Wages	\$88107000	Employee Benefits	\$23102000
Depreciation and Amortization	\$17626000	Interest Expense	\$1791000
Bad Debt	\$26243000	Other Expenses	\$134973000
Total Operating Expenses	\$291842000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$34539000	Total Assets	\$268307000
Net Non-operating Gains over Loss	\$22000	Total Liabilities	\$92733000

Total Net Gains	\$34561000
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$490385000	\$385370000	\$105015000
Medicaid	\$132951000	\$97794000	\$35157000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$298453000	\$121753000	\$176700000
Total	\$921789000	\$604917000	\$316872000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$195000	\$-195000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1025000	\$-1025000
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$292000	\$-292000

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	10532
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$5887000
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1696000	
HCI Payments	\$0		
Subtotal	\$0	\$1696000	\$-1696000
Medicaid Shortfalls	\$35157000	\$38308000	
Subtotal	\$35157000	\$40004000	\$-4847000
DSH Payments	\$0		
Subtotal	\$35157000	\$40004000	\$-4847000
Medicare Shortfalls	\$105015000	\$141296000	
Other Government Programs	\$0	\$0	
Total	\$140172000	\$181300000	\$-41128000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$19000	\$631000	\$-612000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//